

State of Arizona Constable Ethics, Standards & Training Board

INSTRUCTIONS

- > Complete this form by typing or printing all of the requested information. Use separate forms if you are filing multiple complaints and/or filing complaints against multiple constables.
- ➤ Be as complete as possible. Include your contact information and if your complaint arises from a court case, please identify the court and the case number.
- > Use the Statement of Facts form on the next page to explain in your own words the circumstances that lead to your complaint. Provide as much detail as possible.
- > Sign and date the Complaint form where indicated. Keep a copy of both forms and send one complete copy to the address shown below. You may also fax or e mail your forms.
- > If your contact information should change while your complaint is active, notify the Board immediately.

COMPLAINT

Name of Constable:		
Precinct/Court:		
Is this complaint related to a lawsuit?	Yes No	
If Yes, Name of Court:	Case Number:	
Name of Case:	ν	
Your Name:	Phone:	
Your Address: Street:		
City:	Zip Code:	
Signature:	Date:	

STATEMENT OF FACTS

PO Box 13116. Phoenix, AZ 85002 Phone: (602) 602-343-6280 Fax: (602) 254-0969 Email – cestb@azcapitolconsulting.com Web Page https://cestb.az.gov



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Use this form to describe in your own words the events that lead to your complaint. Although you should be brief and to the point, include all relevant information, including names, dates, times and places. You may attach additional sheets if necessary, but do not use the back of any page. You may also attach copies of any documents you feel will help explain your complaint. Please type or print legibly.

help explain your complaint. Please type or print legibly.							
Your Name:	_ Constable's Name:						



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Your Name:	Name: Constable's Name:		